Topical Book Reviews

Berres, Michael S., Ferguson, Dianne L., Knoblock, Peter, and Woods, Connie, eds. *Creating Tomorrow's Schools Today: Stories of Inclusion, Change, and Renewal.* New York, NY: Teachers College Press, 1996, 194 pages, $46.00 hardcover, $21.95 softcover.

There has been a flood of books and articles on the inclusion of students with disabilities. Arguably, newly published books about inclusive education should offer the reader something distinctive, relevant to present educational circumstances, and thought provoking, and it should possibly reveal some "how to do it right" strategies.

So, what do we encounter in this edited volume? The references are relevant and support both historical and present ideologies. There are sections on staff attitudes towards students with disabilities, curriculum presentation, and the changing roles and responsibilities of schools. There are sections on "how we did it at our school," which are interesting, but we encounter little new information.

Ferguson and Meyer in Chapter 4 make the point that educational systems are trying to move towards a systemic model of inclusion. They note that the move toward inclusion has come from special education, rather than the other way around.

Several chapters are accounts of personal journeys toward inclusion. These focus on the morality of special education, and they draw parallels from the civil rights movement. While personal journeys are an accepted way to transmit academic information, they have the tendency to reach and inspire the already converted.

The chapter by Berres, a school principal, is useful, illuminating, and inspiring. He addresses the personal as well as the practical aspects of developing inclusionary practices. He describes one school's experience well - the collaborative efforts, the tensions, and, importantly from an administrative perspective, he makes direct reference to the value of site-based management of school funds. This chapter includes, as well, the products of hindsight and reflection with suggestions on how things might have been done better.

This book could be used in a workshop on inclusive education or as adjunct reading in a graduate course in education. Most of the information contained in the volume is already widely available.

(Venta Kabzems, Education and Disability Consultant, Edmonton, AB, Canada)

Beyer, Landon E., and Liston, Daniel P. *Curriculum in Conflict: Social Visions, Educational Agendas, and Progressive Reform.* New York, NY: Teachers College Press, 1996, 241 pages, $44.00 hardcover, $21.95 softcover.

Curriculum in Conflict: Social Visions, Educational Agendas, and Progressive Reform is made up of seven interrelated chapters that present diverse views related to curriculum agendas, multiculturalism, the canon, and aims of education. The book concludes with the social vision of the authors, which calls for reconceiving social institutions and practices, and dedication to structural challenges.

By contrasting the social views and educational practices of the new right, modern liberals, radicals, and post modernists, the authors defend their new curriculum agenda that emphasizes the "social quality of excellence and the values people acquire by virtue of their living within particular social institutions" (p. 164).

The arguments postulated by the authors in favor of their progressive curriculum agenda are compelling and convincing enough for educators to make care and respect for other individuals, collaborative endeavors, awareness of contexts, and concern for democracy and justice part and parcel of the educational reform. Through their progressive approach to curriculum, the authors have successfully initiated a conversation about the corrective and transformative influence of education.

While there are repeated references to race, gender, and class, there seems to be an obvious omission of another group of people - people with disabilities - and how the new progressive curriculum will play into their education. However, it is evident that the progressive approach to curriculum will enlarge and enrich the educational avenues of one and all because the emphasis of this approach is the interconnectedness between the child, the curriculum, and the context.

The book is a valuable resource for all educators who are interested in educational reform and who believe that progressive curriculum is a worthwhile goal. With diversity in terms of ability and achievement, in terms of cultures and languages in today's classrooms, the progressive curriculum proposal that sees the child inextricably interweaved with the knowledge and the context should be able to answer many of the questions that educators might have.

(Sheila Saravanabhavan, Department of Education, Missouri Western State College, St. Joseph, MO; and R.C. Saravanabhavan, Howard University Research and Training Center, School of Education, Washington, DC)

Cantor, Ruth F., and Cantor, Jeffrey A. *Parents' Guide to Special Needs Schooling: Early Intervention Years.* Westport, CT: Auburn House, 1995, 244 pages, $39.95 hardcover.

On the surface of it, new legislation has given parents greater control over the education of their children with special needs; however, the knowledge, resources, and confidence that would enable parents to make and implement their legally available choices have not necessarily followed. The bureaucracy of special education has been mystifying for parents, particularly for those in the painful process of learning that their children have disabilities. After all, few have knowledge of a system that they never imagined they would have to utilize. This book, written by an education scholar and an advocate who are parents of a child with disabilities, is, therefore, a most welcome contribution. The book is designed as a guide for parents, but it is also useful for scholars who seek clarification on special education in the United States.

The authors present parents as change agents, and they stress parents' rights and feelings throughout. In seeking parental empowerment, they place responsibility on all participants. Thus, while describing the various coping mechanisms that parents can use to face their child's disability and to negotiate their way through special education, the authors also address changes that are incumbent upon professionals working within the system. In this sense, the book is more than a guide for parents; it is also a call for reform.

Specific strategies are described for obtaining what parents deem to be the most appropriate education for their children, including how to be advocates without being adversarial. My only quibble is that the authors seem to place undue faith in pediatricians as sources of referral and as parents' allies. Regardless of the authors' own personal experience and of the good intentions of most pediatricians, there is evidence to suggest that pediatricians often disregard mothers' concerns about their children's development, and that they are unaware of early intervention programs. Thus, contrary to the image presented in this book, pediatricians, in fact, may be impediments to diagnosis and early intervention.

The book is a useful reference for parents as they move through the systems serving children with special needs. In this sense, the book's subtitle is misleading for, although it does provide an excellent guide to the early intervention system established by Part H of P.L. 99-457, some of the strongest material is provided for dealing with preschool and school age special education. In essence, the book provides "maps" of the relevant bureaucracies and laws, removing the mystery of IFSPs, IEPs, due process, etc. The authors explicate the school system's chain of command with an eye toward encouraging parents to be strong advocates. Few parents can be as actively involved in all aspects of their children's education as the book suggests, but it offers a clearly written manual for involvement when parents need it, including sample letters to write, scenarios from the authors' own and other parents' experiences, and an appendix with additional sources. The authors remind us that parents are primary initiators of programmatic change, for changes made on behalf of one's own child

have long-term benefits for those who come after.

(Gail Landsman, Associate Professor of Anthropology, University at Albany, State University of New York)

Chandler, Lynette S., and Lane, Shelly J., eds. *Children with Prenatal Drug Exposure*. New York, NY: The Haworth Press, Inc., 199 pages, $29.95 hardcover, $19.95 text (5 copies or more).

Chandler and Lane have compiled a thoughtful and provocative set of eleven research articles, written primarily by clinicians, addressing issues of children prenatally exposed to drugs. At first glance, the reviewer expected a clinically-oriented publication narrowly focused on the different effects of specific drugs used by women during their pregnancies. In actuality, the publication is an informative and thought-provoking source of discussion about many of the issues surrounding assessment of and intervention with children prenatally exposed to drugs and their caregivers. An insightful discussion is included regarding ethical issues in the continuing controversy over treating a pregnant woman as a single patient versus treating a pregnant woman and her fetus as two separate patients with potentially conflicting interests. Also addressed are the importance of environment to child development, the pros and cons of different assessment tools, a look at some new assessment approaches, and appropriate intervention decisions and approaches.

A number of contributors note that it is almost impossible for a clinician to differentiate among the many factors that may have an impact on a child's development. Prenatal substance abuse is only one such factor and is generally deemed inappropriate as a sole focus of assessment and decision-making about whether a child needs referral for specialized interventions. Not all children are affected in the same way by any given drug, and, even if they were, drug users tend not to limit their use to only one substance. Most of the authors note that decisions about individual needs for care and follow-up should be guided by comprehensive, individualized, and unbiased assessments in which other factors are considered, such as environment, that have a significant impact on child development as well.

Contributors point to the need for additional studies of specific factors that are known or suspected to have an impact on child development, as well as how these factors interact with each other. Research needs run the gamut from the effects of prenatal use of specific substances and combinations of substances to long-term studies of children whose mothers used drugs during their pregnancies. A need for development of new assessment tools and instruments that reliably identify effects of prenatal drug use and that can be used progressively over time is identified as well.

This book provides a solid introduction to much of the current literature and thinking on the subject of prenatal drug exposure. It also serves as a compre-

hensive introduction to the complexities of identifying and working with children and caregivers in situations in which prenatal substance abuse has occurred. It can also be viewed as a guide to numerous gaps in our current knowledge, pointing the way to many important and challenging possibilities for researchers.

(Penny Anderson, Senior Research Associate, LTG Associates, Inc., Takoma Park, MD)

Clark, Marsha J., Kendrick, Martie, Coffin, Kelly, Conway, Alice, Cyr, Barbara, Deschaines, Sandy, Dobson, Janice, LaFlamme, Charles, Moody, Brenda, Son, Kathy, and Wess, Sheree. *"They Just Don't Get It": What Families Want Professionals to Know About Their Children*. Orono, ME: Center for Community Inclusion, University of Maine (5717 Corbett Hall, Orono, ME 04469-5717), 1996, 32 pages, $8.00 softcover.

This manual was developed for professionals in the field of education by a group of parents and professionals. The authors' purpose is to make their readers more aware of the perspective of parents of children with disabilities - the perspective that parents are the experts in understanding a family's resources, concerns, and priorities and those of the family's (school-age) children. Although this view has been gaining support in recent years, research indicates a need for more materials such as this manual to reach professionals who are still mired in the "professional dominance" models of the past.

The text consists primarily of quotes from parents and lists of practices labeled "What Helps" and "What Hurts." These are arranged into categories including "Respecting the Family," "Working with Collaborative Teams," and "Putting the Whole Child First," among others. All of the material reflects previously published statements relating to parents' desires to be treated in a particularistic and diffuse manner, to be empowered, and not to be labeled by professionals. (See, e.g., M. Seligman & R.B. Darling, *Ordinary Families, Special Children: A Systems Approach to Childhood Disability*, New York, NY: Guilford, 1989 [Chapter 9], 1997 [Chapter 8]; L. Leifield & T. Murray, "Advocating for Aric: Strategies for Full Inclusion," pp. 238-261, in B.B. Swadener & S. Lubeck [Eds.], *Children and Families "At Promise"*, Albany, NY: State University of New York Press, 1995.) The perspective taken here also reflects a growing trend in the helping professions to take a family and community centered approach. (See, e.g., P. Adams & K. Nelson [Eds.], *Reinventing Human Services: Community- and Family-Centered Practice*, New York, NY: Aldine deGruyter, 1995.) The field of education has been in the vanguard in promoting this approach. This publication provides a brief and accessible overview of the perspective that would be useful for professionals who are not yet completely familiar with this trend in their field.

Although attractively and concisely presented, the publication does have some

drawbacks. Although the introduction mentions the importance of acknowledging family diversity, all or almost all of the parent-authors appear to be married and middle class, and racial and ethnic minorities appear to be significantly under represented. Thus, the views presented here reflect a shortcoming that can be found in much of the literature in the disability field: The voices that speak the loudest are those of people with some power and resources. Whether they represent the unheard voices of people with disabilities (and their families) who are poor or otherwise not empowered is questionable and needs further research.

(Rosalyn Benjamin Darling, Ph.D., Department of Sociology, Indiana University of Pennsylvania)

[Book Review Editor's Note: Although I agree wholeheartedly with the reviewer's observation that the voices of ethnic minority persons are generally unheard, it is important to acknowledge that the non-White population of northern New England (Maine, New Hampshire, and Vermont), according to 1990 U.S. Census data, is only 2.2%. Thus, the voices finding expression in this book do tend to be locally representative in terms of ethnicity.]

Faden, Ruth R., Geller, Gail, and Powers, Madison, eds. *AIDS, Women and the Next Generation: Towards a Morally Acceptable Public Policy for HIV Testing of Pregnant Women and Newborns*. New York, NY: Oxford University Press, 1991, 374 pages, $39.95 hardcover.

AIDS, Women and the Next Generation is a rigorously constructed volume of insightful articles. The design of this book reveals the conscious intention of the editors to legitimatize a discussion of women and AIDS and to develop a normative argument that places women in control of their own health. Moreover, the articles reveal how women have been regarded as important for their collective value to society as a mother at the expense of their individual worth.

The editors clearly explain this dilemma in the preface. They state: "Women throughout the centuries have been counseled, persuaded, or compelled to refrain from various activities, submit to treatment regimens, and make sacrifices for the putative benefit of their babies. The medical decisions of pregnant women have been among the most likely to be determined and shaped by the social and political interests lying beyond their own judgments of the best interests of themselves and their families" (p. vii).

Ruth R. Faden, Nancy Kass, and Madison Powers frame the book exceptionally well in the introduction. They raise the questions and briefly discuss the issues to be debated throughout the volume. The first articles in the collection examine the historical treatment of pregnant women and the medical establishment. The next four articles analyze the legal system, including the current regulations, the screening practices in most states, and the confidentiality issues in the

law. This is followed by four more articles deliberating on the ethical and social questions that arise with HIV testing and pregnant women. The book concludes with a policy prescription for prenatal and newborn voluntary screening for HIV.

Overall, the volume is important in the study of HIV because it directly confronts the multi-dimensional authority which has served to undermine pregnant women. The articles reveal how often a woman's health, intellect, and personal privacy have been minimized in the interests of society. Most importantly, this collection does not simply deconstruct patriarchal institutions; it offers in-depth analysis and clear directions to guide public policy-making with respect to HIV, pregnant women, and newborns.

(Lara M. Brown, M.A., Ph.D. Graduate Student, Political Science Department, UCLA)

Harris, Sandra L. *Siblings of Children with Autism: A Guide for Families*. Bethesda, MD: Woodbine House, 1994, 119 pages, $12.95 softcover.

Part of the *Topics in Autism* series edited by Michael Powers, this slim volume covers uncharted territory to some degree. That is, instead of focusing on the person with the disability or the parental perspective on the disabled child, this one takes as its supposed focus the implications for the "normal" sibling of growing up with a brother or sister with autism. Harris, as she writes in the preface, is concerned that, "we are so focused on the intensive educational needs of the child with autism that we tend to slide past the needs of the other children. But when I listen to the voices of these young people in sibling support groups, I am struck by the urgency of their needs. It was this awareness that led me to write this book for parents and professionals" (p. iii). As such, it seems a useful book perhaps for its audiences, but, in some ways, I think it misses the mark.

The topics covered include ways in which siblings can get along with their autistic siblings; ways parents can communicate with their children about autism; ways to communicate about autism as a family unit; ways to balance the parents' own needs with the needs of the family, and of the child with autism; and ways for the nondisabled sibling to become a playmate for the autistic sibling. Harris opens each chapter with a familial situation and moves from that to practical and theoretical advice, and she ends each chapter with a section called "Parents Speak" that includes snippets of dialogue from her interviews with parents and siblings about the topics of the chapter. This set-up makes for an approachable, reader-friendly text, and it will allow parents to "see themselves" in these vignettes. Yet, while this volume, in many ways, is useful for parents in dealing with their children, it still exhibits a problem with this genre of "Help Guides."

The genre of guides for parents point to the need for parents to know about their disabled children, and to seek the advice of "professionals" in doing so. Yet

the central subject of these books - the disabled person or, in this case, the voice of the nondisabled sibling - is curiously minimal, if not absent. I know that this is supposed to be a family guide, but, if the needs of the nondisabled sibling are as "urgent" as Dr. Harris claims, then why does Harris not target those siblings as a potential audience for her book and write to them? The easy answer is that most of these siblings would be too young to benefit from this book directly, yet teens or older siblings may not be. Surely, siblings of siblings with autism could or should be interested in this kind of text. Indeed, Harris interviews several of these siblings. One admits that, "I guess it isn't an accident that I ended up as a pediatrician. All the time I was growing up, I kept praying there would be a way to cure Rich" (p. 25). Even within the sections "Parents Speak," the snippets are invariably from the parents who worry about their children. In this way, the first-hand thoughts and experiences of these siblings are once-removed, are filtered through parental lenses. It is not the siblings who speak directly to the "parents and professionals" for whom this book is written; it is parents and doctors speaking about or for the siblings to other parents and other professionals.

This may seem a minor point on which to be harping, perhaps, for the advice, research, exercises, and ideas Harris offers are sound and practical. Yet, the "audience" of these kinds of texts should be aware as they are trolling for guidance and advice that it is a professional's interpretation that they are reading. Perhaps for many, this is what they want. While I would have liked more of the siblings' voices to shine throughout, that is not to say that this text does not serve the needs of some. It does, and, for that reason alone, it should be read. For siblings of siblings with autism who want to read about the experience of other nondisabled siblings in similar situations, or for those who desire reading first-hand narratives about this topic, though, they should go elsewhere.

(Johnson Cheu, The Ohio State University, Columbus, OH).

Koplow, Lesley, ed. *Unsmiling Faces: How Preschools Can Heal.* New York, NY: Teachers College Press, 1996, 271 pages, $54.00 hardcover, $22.95 softcover.

Unsmiling Faces: How Preschools Can Heal, edited by Lesley Koplow, makes the art of therapeutic teaching a very appealing and effective teacher practice. Readers will be touched and challenged as they encounter powerful arguments for paying close attention to the emotional lives of young children and creating teacher-student interactions that can heal children's scars. Based on the authors' work at the Karen Horney Therapeutic Nursery in Manhattan, the professional staff details the rationale for therapeutic preschools, how to create them, and how to incorporate curriculum objectives in an open-ended environment. In the first three chapters, Koplow describes vividly, without blame, how parents' cir-

cumstances - mental illness, drug abuse, neglect, violence - affect the normal emotional development of infants and toddlers. The next chapters describe the teaching, therapy practices, and curriculum of therapeutic classrooms. The chapter authors provide both theoretical and practical knowledge using dialogue from their own teaching. *Unsmiling Faces* also offers concise and important detail on healthy child-parent interactions and relationships. Three chapters are devoted to special populations: children with Pervasive Developmental Disorders, traumatized children, and homeless children.

My own work at Boston College in both urban and suburban schools confirms the authors' report that a growing number of children are bringing to school, at the young ages of three and four, complex histories of growing up. As Koplow writes, "Some of their stories are no less frightening than Grimm's Tales" (p. ix). While many take comfort in the literature on the resiliency in children and in the strength-based approaches to intervention, no one in and around schools today can deny two powerful facts: more children are emotionally challenged than ever; and more horrible, nearly unspeakable events are part of infants' and young children's lives. To count solely on the resilience of children is insufficient, given the facts of brutal childhoods. Koplow asks us to acknowledge the emotional impact these events have on children and to understand their behavior as an outcome of their emotional needs.

This book makes a contribution to the understanding of student "behavior" and the relationship of that behavior to disability. A careful reading of *Unsmiling Faces* will help inform professionals in the field of disability on why children exhibit inappropriate or "disruptive" behaviors and on how to deal with these behaviors. Too often, as illustrated in the recent debate on the reauthorization of the Individuals with Disabilities Education Act (IDEA), suspension, expulsion, and other exclusionary disciplinary devices are often the only approaches considered. Inclusion of students with inappropriate behavior is a huge issue across the country. While inclusion is not explicitly addressed in *Unsmiling Faces*, the therapeutic teaching practices described are what teachers require to make inclusive classrooms work.

DSQ readers may find that *Unsmiling Faces* does not sufficiently attend to disability and disability awareness. A preschool devoted to "healing emotionally fragile and developmentally arrested children" (p. 89) is perfectly suited to assume the responsibility for disability awareness - informing the teachers, students, and parents what barriers exist in a society designed for the well and able-bodied in terms of low expectations, stigma, and other forms of discrimination.

Koplow devotes some attention to professional development issues, and she offers important advice on the matter: the critical need for time for collabora-

tion across the professions. She acknowledges professional "walls," despite our lip service to serving the whole child. She uses the marvelous analogy of the delightful preschool game of toppling a tower of blocks to illustrate the liberation we might feel in toppling our professional barriers. While applauding her attention to interprofessional collaboration, I am cautious that collaboration in schools is not always on a level playing field. Teachers are most often considered the professionals who need to learn from the others, e.g., psychologists. Teachers are particularly vulnerable to losing voice in interprofessional collaborations in a "therapeutic" environment in which the psychology profession is dominant. Teachers' agenda of instructional issues and academic success are an integral part of preschool. Unless these issues are recognized, the full potential of teachers' supportive interactions with children is unlikely to be achieved, even in the most humanistic environment.

Emotional health, of course, not only requires therapeutic teachers, but also teachers who value all children. Koplow does advocate the use of multicultural dolls and books in a therapeutic preschool. However, I would have preferred to see more attention paid to issues of multiculturalism and the potential pitfalls in teaching, as Lisa Depit says in her book, *Other People's Children.*

As a teacher educator, I am convinced by this powerful and moving book that every teacher needs to be more therapeutic with all children. As aptly stated by Vivian Paley, author of *White Teacher* and *You Can't Say You Can't Play*, in her foreword to *Unsmiling Faces*, "When we acknowledge and learn to deal with children's emotional needs in the classroom, we directly influence their social and cognitive development" (p. vii).

(Nancy J. Zollers, Boston College)

Markel, Geraldine, and Greenbaum, Judith. *Performance Breakthroughs for Adolescents with Learning Disabilities or ADD: How to Help Students Succeed in the Regular Education Classroom.* Champaign, IL: Research Press, 1996, 328 pages, $21.95 softcover.

Performance Breakthroughs for Adolescents with Learning Disabilities or ADD is an extremely informative, well-written, and interesting resource for consumers, parents, and professionals. The ability to address each of these audiences while remaining focused on the subject is a tribute to the authors. The background knowledge and experience of the authors is woven throughout each of the chapters, providing the reader with recommendations based on current research and best practice. Performance breakthroughs, a term used in the title and throughout the text, refers to "putting everything together, using one's potential, and doing one's best on demand" (p. 2). According to the authors, success rests on an integrative approach. In addition, the authors discuss how to deal with conflicts and crises that often surround the

adolescent population with LD and ADD. Conflicts between philosophies (inclusion, open schools, cooperative learning, magnet schools, and gifted/remedial programs) are also addressed in relation to successful management.

The authors stress the importance of two key players, the students and the teachers. It is extremely refreshing to have the authors identify the students and teachers as critical for performance breakthroughs. Throughout the chapters the authors utilize the voices of actual students to illustrate real life issues facing adolescents, providing a student-centered approach to solutions. In addition, Chapter Seven is devoted entirely to self-management techniques and strategies, encouraging self-advocacy and empowerment. The myriad of roles the classroom teacher plays in the success of adolescents is discussed in Chapter Two. While the authors recognize the vital role of students and teachers, they also do not ignore the need for systems change, stressing that programmatic changes require the entire system to make accommodations and modification. Examples of the ways in which the school system, classroom teachers, and special education consultants can work collaboratively with students and parents is integrated into each of the chapters. The authors also stress, "A systems approach is to help all students, not just students with problems" (p. 39).

The authors begin the discussion of the academic curriculum with a thorough discussion of the assessment process and program planning. Specific academic areas often difficult for adolescents with LD or ADD are then addressed. These areas include reading, listening, note taking, test taking, academic writing, and homework. Within each of these more academic chapters, information is provided as to (1) the disability factors influencing the academic area, (2) the role of the classroom teacher, (3) appropriate accommodations, (4) types of educational materials and tasks, (5) student management strategies, and (6) teaching techniques.

Performance Breakthroughs for Adolescents with Learning Disabilities or ADD should be required reading for all secondary classroom teachers, special education teachers, school administrators, parents, and students with LD or ADD. The organization and content of the text allows the reader to quickly grasp the essential issues for encouraging adolescents with LD or ADD to become greater participants in their school programming, as well as providing educators with management and educational techniques to ensure success for performance breakthroughs.

(Noel Gregg, Ph.D., University of Georgia, Learning Disabilities Center)

Meyer, Donald J., ed. *Uncommon Fathers: Reflections on Raising a Child with a Disability*. Bethesda, MD: Woodbine House, 1995, 210 pages, $14.95 softcover.

Often, books reviewed in these pages tell us what we ought to do with regard to some important disability issue, such as the cost of health care. This book

does not tell us what to do for fathers of children with disabilities, but it does inform us about them by letting us see, in their own words, what it means to be a father of a child with a disabling condition. Readers of this book will get the chance to see dads at different stages in life and with children with a variety of disabling conditions. Some fathers have lost their children due to divorce, but still ache for them; some fathers have had to participate in decisions to send their children away to residential schools, and still ache for them; some fathers have their children with them every day and still worry about them.

Men also worry, in these pages, about the future, their own anger, the anger of resentful professionals, the relationships they have with their wives and other children, whether their child will experience love after they are gone, money, how to manage government agencies – and all the other things about which parents worry. Quite simply, these dads show in their stories that they are connected to their children in ways perhaps different from how mothers connect, but quite important - and recognizable - nevertheless. They show that many fathers care profoundly about the lives of their children and that they are engaged with trying to be men, fathers, and husbands in situations for which most fathers can see few precedents and much loneliness.

The sense of being with the men whose messages make up this excellent book is palpable; the truth of their situations is undeniable. Readers of this book have a chance to learn about fathers and fatherhood from the inside, and from experts. If you work with families, do not pass this up.

(Timothy Lillie, Assistant Professor of Counseling and Special Education, The University of Akron, Akron, OH)

Pugach, Marleen C., and Warger, Cynthia L., eds. *Curriculum Trends, Special Education, and Reform: Refocusing the Conversation.* New York, NY: Teachers College Press, 1996, 271 pages, $46.00 hardcover, $22.95 softcover.

Curriculum Trends, Special Education, and Reform: Refocusing the Conversation is a timely and refreshing examination of curriculum reform and how such changes require the involvement of special educators in meeting the needs of students. In their introduction, the editors, Marleen Pugach and Cynthia Warger, provide an insightful analysis of the history and the current state of curriculum as they relate to special education. Contributing authorities in general education describe "new curriculum" approaches and issues in the areas of math, science, social studies, and literacy. In response to the lead essay on each content area, two articles written by special educators evaluate its relevance for students with disabilities. In the final chapter, the editors discuss the complexities of special education today, and what is needed for a successful partnership with general education into the twenty-first century.

As more and more students with mild disabilities are being included in general education classrooms, it becomes particularly important for all teachers to work together. The omission of special education in previous curriculum reform efforts speaks volumes about the limitations of general education for included students with disabilities. Against this troubling backdrop, Pugach and Warger argue effectively for collaboration between special and general educators.

What is the likelihood for a successful collaboration? The contributors offer a range of opinions. The optimists in general education discuss such approaches as authenticity, scaffolding, and community-based instruction. The fact that most of these strategies are already being used in special education provide some common ground for working together. Some essays by special educators attempt to address misunderstandings, or at least highlight the differences, in the two fields. For example, Kameenui, Chard, and Carnine critique curriculum reform in mathematics for lacking empirical evidence of its effectiveness and for inadvertently promoting student failure.

Some contributors focus on students with mild disabilities as though they are referring to all students. However, they fail to specifically mention learners with more significant disabilities, which begs the question of why they are being excluded. Though the editors attempt to explain this group's exclusion from curriculum reform discussion as not as important as being "accepted as full members of the classroom" (p. 3), such an argument is weak. In a time of so many controversies in education, this constitutes a divisive decision concerning whose life is worth educating.

In the final chapter, Pugach and Warger hammer at issues that have required attention for years, and keep these two fields apart. They ask special educators to answer such critical questions as "what are special education's expectations for inclusion?" (p. 235), and "which students special education ought to serve?" (p. 231) before they enter into curriculum reform with general education. Although needing a broader focus that includes all students, *Curriculum Trends, Special Education, and Reform* is a valuable resource for those who understand that educational progress will take place only when general and special educators join together to develop relevant and meaningful curriculum.

(Laurie R. Lehman, Department of Education, Long Island University, Brooklyn, New York)

Ryan, Bruce A., Adams, Gerald R., Gullotta, Thomas P., Weissberg, Roger P., and Hampton, Robert L., eds. *The Family-School Connection: Theory, Research, and Practice.* Thousand Oaks, CA: Sage Publications, Inc., 1995, 366 pages, $24.95 softcover.

The ten essays in *The Family-School Connection* provide a wealth of thoughtful analysis directed to a wide range of applications for teaching and counseling. As the title suggests, the essays are bound by one general observation: students live beyond

the walls of schools; managing schools and teaching students requires that one deal successfully with the students' families and the broader social contexts of their lives. Educators, social workers, and social scientists alike will appreciate the up-to-date literature reviews and exacting, meaningful theoretical discussions included in the first sections of the book on "Processes." Especially insightful is the essay by Ellen S. Amatea and Peter A.D. Sherrard, "Inquiring Into Children's Social Worlds: A Choice of Lenses." Anyone attempting to link social knowledge and service provision should read this essay. Part II of the book, "Issues," provides five chapters dealing in order with achievement and learning disabilities, achievement and parental conflict, truancy and family relationships, the family resources center, and child rearing. The essays in this part of the book will help researchers and practitioners survey findings and approaches to specific issues. The readership of DSQ should take note of Robert-Jay Green's chapter, "High Achievement, Underachievement, and Learning Disabilities: A Family Systems Model." Green argues that we should spend more energy and time understanding and becoming involved with learning in the family context if we want to influence children's learning and achievement in classrooms. This is the organizing principle of the collection, and it is a message worth attending to.

(Patrick J. Ryan, Ph.D. Candidate, Department of History, Case Western Reserve University)

[Book Review Editor's Note: The reviewer is not related to the first editor of this book.]

Silin, Jonathan G. *Sex, Death, and the Education of Children: Our Passion for Ignorance in the Age of AIDS.* New York, NY: Teachers College Press, 1995, 235 pages, $39.00 hardcover, $18.95 softcover.

Sex, Death and the Education of Children: Our Passion for Ignorance in the Age of AIDS is a book in which the author shares some of the his experiences, lessons, and thoughts as an early childhood educator, an HIV/AIDS educator, and a gay man, and as a person who has experienced the deaths of many friends, lovers, co-workers, and peers due to AIDS. These stories are intertwined with theory, research, history, and philosophical issues. The book raises many thoughtful questions about early childhood education s relationship to the social realities which permeate the world in which children live and teachers teach.

I came to this review as a sexuality educator who provides training for teachers in HIV/AIDS education. With this perspective I could understand, appreciate, and even agree with the author s frustration regarding our silences and inadequate attempts to educate children about HIV/AIDS. I could feel compassion and enhance my understanding as I read the author s personal accounts of dealing with the deaths of friends and lovers, and of the struggles of being gay in a homophobic society. However, I must admit there were many times when I found it difficult to follow the author. I acknowl-

edge that this difficulty could be due to the fact that my experiences with and perspective on HIV/AIDS is limited in comparison to those of the author, but, likewise, I question the ability of most readers to stay with the author as he weaves a very complex web of thoughts and experiences.

The reader who chooses this book in an effort to enhance her/his understanding of HIV/AIDS as a chronic illness will be disappointed. Other than the fact that HIV disease is a chronic illness, this book makes no links to the field of disability studies. (Mary Madden, Education Consultant, Bangor, ME)

Smith, R.C. *A Case About Amy*. Philadelphia, PA: Temple University Press, 1996, 322 pages, $54.95 hardcover, $19.95 softcover.

In the late 1970s Amy Rowley, a young deaf girl, was preparing to start school in the Hendrick Hudson Central School District in New York State. Amy's parents, wanting her to have appropriate services, especially a sign language interpreter, when she started school, initiated discussions with the school district long before Amy ever enrolled in kindergarten. *A Case About Amy* is, among many other things, the story of the long and often bitter struggle between Amy's parents and the school district that eventually culminated in an important 1982 Supreme Court decision (Hendrick Hudson Central School District v. Rowley). This decision, which reversed previous rulings by two lower courts, established the principle that, as far as education for children with disabilities is concerned, school districts are obliged to provide an appropriate education, one that benefits the child, but not necessarily the best possible education that could be provided. As Frank Bowe in his foreward to this book points out, this is still the operative principle, since Congress has not seen fit to pass legislation that changes this ruling.

In *A Case About Amy*, R.C. Smith, a journalist who spent about ten years collecting information and writing the book, discusses Amy's story in a way that will leave readers wondering why it requires more than 300 pages to tell a story that could probably be covered in half the space. Moreover, it is a story that needs much more analysis than the author is apparently qualified to provide. When the author began his book, in the mid-1980s, he knew little about deafness and not much more about disability issues in general. While the story of Amy's legal battle is certainly an important part of the book, the reader is forced to read through countless interviews that have only marginal relevance to the main story, musings by the author that detract from the case about which the book purports to be, and stories about Amy and others that seem to stand alone with little apparent connection to the topic at hand.

It is clear that Mr. Smith's attitudes have changed over the years as a result of his contact with Amy, her parents, others associated with this case, and other people with disabilities. The author has obviously spent a lot of time during the past decade or so educating himself about the disability rights movement and related issues. He has

come a long way, and ultimately this book is at least as much a case about R.C. Smith and his changing attitudes as it is a case about Amy.

(John B. Christiansen, Department of Sociology, Gallaudet University, Washington, DC)

Stengle, Linda J. *Laying Community Foundations for Your Child with a Disability.* Bethesda, MD: Woodbine House, 1996, 217 pages, $15.95 softcover.

This book is designed for parents of children with cognitive disabilities. Its starting point is that life is uncertain. In planning for the future, the author warns, parents would do well to remember that government policies change, human service programs suffer from high rates of staff turnover, service models in vogue at one point in time go out of favor at another, and, indeed, the needs and desires of any individual may change over the course of adult life. In short, a planning document, even with well thought out financial arrangements, cannot ensure a satisfying future for a child, and a person who is paid to take care of an individual with disabilities can never be as effective or flexible as one who does so out of love or friendship.

While it is possible that some human service providers may take exception to a few of these statements, most parents of children with disabilities would find little in them with which to disagree. In fact, in presenting them, Stengle speaks out loud some basic fears of parents as they contemplate what will happen to their children with cognitive disabilities after they are gone.

By encouraging parents to focus on reasons why others might want to befriend their child (rather than to assume that no one would) and to act early in their child's life to help build ties in the community, Linda Stengle provides a real service. She is a strong advocate for inclusion, and the book strives to give concrete strategies for developing the relationships that can result in life-long advocates for individuals with disabilities. That we need such guides is, of course, a statement not only of a legacy of segregation of persons with cognitive disabilities, but of the difficulties of creating community for any of us in a society in which people regularly change jobs and relocate.

Parents and disability scholars may find themselves questioning just how realistic some of the proposed strategies are. Successes are presented as anecdotes with little supporting data on their widespread application. Nevertheless, this is a useful book, and it broadens our perspective on planning. Particularly helpful is a chapter that both clearly explains the residential options currently available and empowers parents to be innovative. Throughout the book the author focuses on developing options that will provide an individual with cognitive disabilities the most control over his/her personal life through the greatest involvement in community life.

(Gail Landsman, Anthropology Department, University at Albany, SUNY)

Other Books of Interest

Adams, Diane, L., ed. *Health Issues for Women of Color: A Cultural Diversity Perspective.* Thousand Oaks, CA: Sage Publications, Inc., 1995, 240 pages, $55.00 hardcover, $24.95 softcover.

Interest in women's health issues has burgeoned in recent years. Despite these interests, research and public policy have not sufficiently focused on psychosocial, cultural, and behavioral factors that contribute to the health status of women in general, and of women of color in particular. In an attempt to address this void, *Health Issues for Women of Color* takes a multidimensional perspective and offers a comprehensive look at factors affecting the health of women of color. Included are chapters from an eclectic group of practitioners, educators, and researchers who have a breadth of practical experience in understanding the health problems confronting minority women. Most chapters begin with a review of the health status of a specific group of minority women and ends with a set of recommendations designed to provide researchers and policy makers with strategies aimed at improving the lives of these women.

Within a cultural diversity context, specific focus is on the health status of African American, Hispanic/Latina, Asian/Pacific Islander, Arab Middle Eastern, and American Indian/Alaskan Native women, groups that are often overlooked in health research. Emphasized is the unique historical and cultural context that influences the health practices and behaviors of these women. Topics explored range from areas such as domestic violence, substance abuse, incarceration, homelessness, sexism, and racism, and their impact on the health of minority women. This broad-based view highlights the importance of comprehending the complex issues facing a growing segment of the population. For example, immigration drastically changes the social world of foreign-born minority women. These women are often confronted with a new language and with lifestyle changes, and they must find ways to survive the day-to-day rigors of life in a new country. Hence, more emphasis may be placed on material survival and less on their own health and illness management. Knowledge of such factors may aid in the development of programs targeted to help foreign-born minority women manage the stress of acculturation and to develop skills needed to acquire information regarding health and general well-being.

With elevated instances of potentially disabling chronic diseases such as diabetes, hypertension, heart disease, and HIV increasing among women of color, it becomes necessary to examine the antecedents and pathways through which these diseases are manifested. As the contributors of this book point out, in order to help curb the incidence of these diseases, consideration must be given to cultural factors

that shape health behaviors and influence disease onset. While this book does not provide all the answers, it does underscore the point that minority women are not a monolithic group, and they should not be studied as such. For those interested in working with disabled women of color, this book is a definite asset; it provides the tools for understanding their plight and for developing preventive interventions to help reduce prevalence rates and to promote better management of chronic disease among these diverse women.

(Jocelyn Turner-Musa, Assistant Research Professor, The Center for Family Research, George Washington University, Washington, DC)

Barry, Robert L. *Breaking the Thread of Life: On Rational Suicide.* New Brunswick, NJ: Transaction Publishers, 1994, 353 pages, $24.95 softcover.

The author of this volume is a Dominican priest and professor with a definite point of view. His stated purpose is to trace the development and defend the validity of the traditional teachings of the Roman Catholic Church regarding suicide. From the beginning, Barry expresses concern over what he believes is contemporary secular tolerance for suicide as a solution to human dilemmas. He spends a significant portion of the book presenting historical evidence to support his assertion that the Catholic Church, more than any other Western institution, is responsible for curbing widespread suicide. He reviews suicide practices and cultural beliefs from ancient Greek and Roman life, through the height of medieval Catholic influence, through the greater acceptance of suicide fostered by rationalism and romanticism, to contemporary humanist views.

The foundation of the Church's condemnation of suicide, according to the author, is the concept of imago Dei - the notion that man was created in the image of God - and that any assault on innocent life is a grave offense against the Creator. According to Barry, early Church leaders understood that nothing short of a complete ban on suicide could protect the economically, socially, and emotionally and physically vulnerable. If any particular circumstance could merit an exception to the ban, or if any class of persons were judged more suitable for suicide than others, control would be eroded by ever-broadened exemptions. Similar predictions of "slippery slope" progression are heard today in opposition to legalizing assisted suicide.

In subsequent chapters, Barry opposes philosophers and theologians who question the Biblical grounding of suicide taboos, disputes the rationality and voluntariness of suicide in real-life situations, attempts to distinguish efforts to ameliorate pain from those intending death, discusses the social dangers of suicide tolerance, and outlines the proper pastoral response to suicidal despair. The high point of these chapters is the author's ability to dissect unflinchingly some common arguments of those campaigning for a "right to die," often exposing their su-

perficiality and strained logic. For example, if suicide should always be supported when it promotes an individual's fundamental interests, he asks, should we have supported Hitler's suicide to escape justice? In another section, the author demonstrates how the finding of a constitutional right to assisted suicide could never be limited to terminally ill, competent adults, as proponents claim. Given the American principle of human equality, there would be no basis for asserting that non-terminal citizens or those needing supervision have any less entitlement to suicide than anyone else.

Disability is mentioned throughout the book, particularly in the context of vulnerable classes. Although Barry acknowledges that public prejudice is a major contributory factor in the problems of people with disabilities, it is not always clear if he is helping or hurting us on that score. His descriptions of people with disabilities convey an unsettling combination of sociopolitical insight and blatant medical model paternalism. In an early passage, he refers to depressed individuals as "these unfortunates (who) need to be protected from themselves" (p. 2). Later, in discussing the importance of valuing even those who might be "utterly incapable of actually doing good to others," he says Helen Keller "was able to do little good for herself or directly for others, but in response to her needs and very existence, great good came about" (p. 300). He also warns that people with disabilities who are allowed to kill themselves will miss the possibility of future medical cures. Yet, stating that the general public has more difficulty accepting disability than do people with disabilities themselves, he rebukes those who suggest society might benefit from the suicides of people with incurable disabilities. He accuses them of discrimination, pointing out that "those who want the disabled to kill themselves to benefit others would not allow the able-bodied to kill themselves to aid the handicapped" (p. 293).

Unfortunately, the book's flaws are hard to dismiss. There are troubling inaccuracies, such as the silly but repeated error of identifying Elizabeth Bouvia's disability as multiple sclerosis instead of cerebral palsy, a report of the wrong cause of death in one case, and the confusion of involuntary euthanasia with assisted suicide in a discussion of the Netherlands. Even more troubling is the author's insistent conclusion that religion is the only means of controlling suicide and safeguarding public well-being. For example, dismissing the operation of other complex forces, he reduces the high suicide rate in modern Japan to the absence of religious opposition. Similarly, he determines that suicide prevention practice will never be effective without moral proscriptions that deliberately instill religious guilt in suicide contemplators. Ironically, this holy man who pleads for morality and compassion passes harsh judgment on those who choose suicide, referring to them coldly as "self-killers" and to their decisions as "egotistical and cowardly acts of escape and self-destruction" (p. 1). We who are engaged in disability studies attend so keenly to the limitations of the medical model that we risk overlooking the staying power of moral model thinking. This book is a vivid reminder. Its author not only embraces moral model scholarship; he champions it as the one true

paradigm.

(Carol J. Gill, Ph.D., Assistant Professor and Director of the Chicago Center for Disability Research, Institute on Disability and Human Development, University of Illinois at Chicago)

Belfiore, Phillip J., and Toro-Zambrana, Wanda. *Recognizing Choices in Community Settings by People with Significant Disabilities (Innovations: Research to Practice Series).* Washington, DC: American Association on Mental Retardation, 1994, 32 pages, $21.95 softcover.

This booklet is a "how-to" manual designed for those working with people who have disabilities that short-circuit conventional methods of communication. While the theory described in the book seems accurate, I wonder how much of it is not part of the intuitive practice of any good support worker - and whether those for whom such practice is not intuitive should be in this line of work at all.

The authors state their purpose as "provid[ing] step-by-step instructions to assess and teach choice-making skills," and they list four primary guidelines: identifying "a reliable learner response to express locations preference . . . [and] an appropriate and reliable selecting response . . . [assessing] choices and preferences within different community locations," and maintaining "assessment and follow-up to integrate choice-making into . . . daily routines" (p. 2). These main points are themselves important, but the "theory" component of each chapter is written in language that defies easy reading. As well, much of what is painfully articulated should not have to be said. Support workers should be capable of assessing when or in what locale someone is too bored to learn; this sort of sympathetic connection is fundamental to all human relationships, not just to those between "teachers" and "learners." Much of what is presented as pedagogical theory could be reconfigured as respect for and active engagement with the person being taught.

That said, it should not be surprising that I find the examples to be the most useful part of each chapter. They are readable and could be stimulating for the weary, jaded support worker. However, I was disturbed to note that, in each example, the teacher has a name ("Mrs. Pierce") while the other person in the relationship is identified only as "the learner." Successful support work with people who have severe disabilities requires that we recognize the individuality of each person, but the examples do the opposite by positing an abstract "learner." If this booklet ever goes into a revised edition, this problem must be addressed.

One last point: at almost seventy cents a page, this document is outrageously overpriced. It is time to consider putting such materials on a Web page for less costly reproduction and distribution.

(Patrick McDonagh, Ph.D., Humanities Program, Concordia University, Montreal)

Charlebois, Jeff. *Medical Secrets Revealed.* Woodland Hills, CA: LeBois Productions (5807 Topanga Canyon Boulevard, Suite G-309, Woodland Hills, CA 91367), 1994, 118 pages, $14.95 softcover.

This book left me with a feeling of ambivalence. Jeff gets one very enthusiastic thumbs-up for taking on the medical community. The old "doctor as god" and "all the king's men" and people involved in putting us back together again deserve a serious slap on the head once in a while. Jeff gives it to them. These people need reminding that they are nothing more than glorified mechanics; in fact, they often take out parts and do not even have to replace them. On the down side, I think Jeff needs to tune in to the community of people with disabilities and stop using offensive promo lines on his book jacket (e.g., "wheelchair bound"), assuming he has say in the cover design (Lebois Productions = Charlebois?). In this day of PC-ness all around, Jeff drops the ball in this book by picking on elderly and overweight people. Maybe as a boomer moving closer to those two categories by the hour, I finally find these things offensive. Some humor does not necessarily translate from one medium to another (stand-up to print). I was curious enough to want to see how Jeff delivers on stage. I will pass this book on and ask for more opinions, so the jury is still out on this one. Who should buy it? I think people working in the medical field might get a few chuckles. Personally, I would check it out from a library and, if you like it, buy it and pass it on.

(Jack E. Campbell, Faculty/Administration, Origins Society, Tucson, AZ)

Coons, Dorothy H., and Mace, Nancy L. *Quality of Life in Long-Term Care.* New York, NY: Haworth Press, Inc., 1996, 161 pages, $29.95 hardcover.

Quality of Life in Long-Term Care is a well-meaning, but rather superficial, look at a variety of quality issues which arise in long-term care settings. It appears targeted to the mid-level facility administrator, and it focuses primarily on low-cost staff development and management interventions.

Part 1 of the book, "The Concepts Applied," starts with a few dreary, though undoubtedly representative, profiles of disabled and depressed residents living in restrictive institutions, and it contrasts them with equally disabled, but less depressed, residents living in less restrictive institutions. The next three chapters offer some examples of relatively high quality long-term care settings.

The retirement community the authors profile, Fir Park Village, sounds like a really nice place: private rooms, bucolic setting, lots of community interaction. Yep, you guessed it, it is in Canada. The snapshots of cheerful residents involved with a variety of activities will cause some DSQ readers to wonder why these folks are here at all. Instead of browsing at the Village shop or tossing back beers on Village pub night, why are they not doing those things in the stores and bars of Port Alberni, British Columbia? This may be a matter of personal prefer-

ence, but it is also a matter of accessibility and availability of community support services.

The nursing home cases highlight the therapeutic benefits of adequate staffing, good physical design, and respect for the autonomy and personal preferences of residents. The heterogeneity of disabled populations in nursing homes is identified as a threat to the quality of life for residents, and special dementia care units with more skilled staff are touted as the primary solution to this problem.

Part 2, "Implementing the Changes," is an uneven collection of administrative recommendations and resources. The chapters on staff training, activity planning, and client assessment should be useful for facility administrators. The overview of management issues, however, is annoyingly vague and disjointed.

This book does not really address the much tougher question of why the quality of life for seniors with disabilities living in various institutional settings is so frequently abysmal. It is not just because of the poorly trained and underpaid staff, burnt-out administrators, or shoddy facilities. These are symptoms of a deeper societal rejection of people who, because of their age, socioeconomic status, and disability, are simply deemed disposable.

For persons of sufficient wealth and foresight, perhaps the best way to navigate disability in old age in the modern United States is to move to a place like Fir Park Village while you are still relatively young and moderately disabled. There, you can gradually add support services as they become necessary. If you need extensive and constant personal assistance and medical treatment, you can move to a more intensive unit within the community, minimizing the disruption of relationships and routines which help define your quality of life.

My question is this: Why can the U.S., one of the wealthiest nations on the planet, not show similar foresight, investing in flexible community-based supports now, so that when the baby-boomers begin to flood our long-term care system, they will have access to a range of adequate and affordable choices for disability services? Conscientious facility administrators should certainly be encouraged to read and use books like *Quality of Life in Long-Term Care*, but, to truly improve the quality of life in long-term care, I am afraid more sweeping changes will be required.

(Jae Kennedy, Ph.D., Assistant Professor, Department of Community Health, University of Illinois at Urbana-Champaign)

Cooper, James W., ed. *Antivirals in the Elderly*. New York, NY: The Haworth Press, Inc., 1996, 79 pages, $29.95 hardcover, $14.95 text (5 or more copies).

An up-to-date text, *Antivirals in the Elderly* offers a guide to physicians and pharmacists treating viral infections in elderly persons. The book provides dosing guidelines and side effects of the recommended antivirals with some dis-

cussion of the particular pharmacokinetics of antivirals in persons 65 years and older. The book is strong in its examination of common infections among elderly people, but it falls short of expectation in other areas where there is less research on the elderly population. For infections such as influenza, the authors report on their research, shedding new light on the use of such drugs on elderly persons. However, for infections such as genital herpes and other STD infections, the book relies on current research which largely omits elderly patients as study participants. While the authors recognize this shortcoming, it is worth noting because elderly patients respond differently than other patients to drugs.

Some geriatricians are skeptical of books with the term "elderly" in the title because the popularity of gerontological issues may encourage exaggeration of contributions to the field. However, those having these concerns can be consoled by the content of this book. The authors address key viral infections, like influenza, that can be fatal, as well as less common, but important, infections, such as HIV. Dosing regimens, including potential toxicity for persons at different ages, are included for each viral infection discussed. The authors of the chapter on influenza even report on results of their own study of the pharmacokinetics of two common agents - amantadine and rimantadine. While many gerontologists do not yet see many cases of HIV in elderly patients, gerontologists agree that the long etiology of the infection will contribute to large numbers of persons 65 years and older being affected. Perhaps, the book is ahead of its time with the discussion on HIV included among other STDs.

The most disabling condition addressed in the book is herpes zoster (HZ). Physicians point to the potential chronic pain associated with it. The recurrence of symptoms, post-traumatic neuralgia, or even neuropathy is a significant treatment issue for practitioners working with elderly patients. The chronic nerve pain associated with herpes zoster can be quite disabling, with more severe outbreaks more likely to lead to chronic pain. The chapter devoted to this topic includes discussion of research on acyclovir, with particular attention to the use of the agent to relieve the effects of PHGN, a painful complication of HZ. The authors take special care to address the controversy over the definition and measures of incidence of PHGN.

Practitioners working with elderly patients often are looking for a reference that will guide dosing of antivirals. This book is an excellent resource for what practitioners want to know. For example, physicians want to know the disease process of common infections, the pharmacological agents recommended by current research, side effects and interreactions with other drugs, dosing schedules, and estimated costs. Except for cost information, *Antivirals in the Elderly* offers a reference for this information. Other physicians are concerned about the elimination process and creatinine clearance for drugs because this

knowledge is important when working with patients who have kidney problems. Again, this book offers practitioners a good resource.

(Kristine A. Mulhorn, Health Care Department, The University of Michigan-Flint)

Creswell, John W. *Research Design: Qualitative and Quantitative Approaches*. Thousand Oaks, CA: Sage Publications, 1994, 228 pages, $19.95 softcover.

Deep philosophical differences between qualitative and quantitative research methods make it hard to believe that both paradigms can peacefully exist in the same book. John Creswell's *Research Design: Qualitative and Quantitative Approaches* blends the research paradigms and declares both approaches winners in social and behavioral sciences. Creswell provides a systematic guide for making major research decisions.

In the first chapter, Creswell addresses the assumptions and criteria for selecting a research method. The next six chapters cover use of the literature; introduction to the study; purpose statement; research questions, objectives, and hypotheses; use of theory; and definitions, delimitations, and significance. Principles are explained, and specific examples are given to support those principles. The reader is then challenged with a writing exercise that allows application of the principles to one's own research. The next three chapters examine specific models for each paradigm, both qualitative and quantitative methods, and then mixes the paradigms in a single research project. The last chapter, "Scholarly Writing," provides tips for tying all the principles together into a coherent research project.

Research Design: Qualitative and Quantitative Approaches is well written and well organized. Creswell uses visual cues (bullets and highlighting) and organizational techniques (listing and numbering) to increase the readability. An annotated bibliography is provided at the end of each chapter. Both paradigms are logically and systematically presented and are given equal time and praise.

This is an excellent starting point for first-time researchers or for graduate students working on a research project or dissertation/thesis. The short writing assignments and examples provide a systematic method for making major research decisions without overwhelming the reader. Following the writing exercises will provide a framework for a scholarly study.

Creswell acknowledges that this manuscript is neither a detailed text nor a comprehensive statement about the design types. He limits discussion of quantitative research to survey and experimental research designs. Qualitative methods are limited to discussions of ethnography, case study, grounded theory,

and phenomonology. Additionally, the philosophical differences between the paradigms are superficially presented. Despite these limitations, Creswell achieves his goal of providing a useful and practical guide for beginning researchers.

(Claudia Flowers, The University of North Carolina at Charlotte)

Estes, Carroll L., Swan, James H., and Associates. *The Long Term Care Crisis: Elders Trapped in the No-Care Zone*. Newbury Park, CA: Sage Publications, 1993, 328 pages, $55.00 hardcover, $26.50 softcover.

This is a must read book for those interested in the dramatic changes in the health care delivery system during the 1980s and early 1990s. Changes in Medicare payment strategies for inpatient hospital stay reimbursement and physician payment have had a major effect on all kinds of care - Medicare, Medicaid, and private home. Estes, Swan, and Associates are based at the Institute for Health and Aging at the University of California at San Francisco. The long-term intensive studies reported here were conducted in several urban centers around the country and were financed by a number of the major health care policy funding sources, private and public.

Several currents have converged: managed care in all of its forms, including HMOs and a variety of others; increasing involvement of for-profit health care corporations; and a trend toward mergers in both for-profit and non-profit sectors. As shorter stays in hospital become the rule, those who have been ill come home with more needs for assistance, whether living alone or in a family. The authors recognize the chain of circumstances that leads from hospital to home - and sometimes back again! Issues of empowerment of the user of care are noted, along with continued medicalization of the definition of needed care. With the administrative intention of controlling costs while continuing to provide good care, Estes and Swan indicate very mixed results in both cost containment and long-term care outcomes.

(Martha Griswold, A.C.S.W., Executive Director, LIV Center; Co-host producer of Access Unlimited on KPFK Pacifica Radio; Producer and Co-host of LIVstyles cable access TV, Pasadena, CA)

Feit, Marvin D., and Battle, Stanley F., eds. *Health and Social Policy*. New York, NY: The Haworth Press, 1995, 290 pages, $39.95 hardcover, $19.95 softcover.

This book is a collection of articles that address the interplay of health and social policy issues in the United States. Some of the chapters are literature reviews of policy issues, while others report on original research; specific topics covered include AIDS, adolescent pregnancy, and health access and service utilization issues affecting minority groups. Most of the pieces concentrate on community level issues rather than on more macro-level policy questions. The book has no special disability focus, and it does not add to the existing health services literature in a meaningful way. It appears best suited to serve as a supplemental text for university courses in

social work and/or health care services.

All of the articles in the book were originally published in 1989 and 1990 in the *Journal of Health and Social Policy*, and their relevance to current policy debates suffers from the lag since their original publication. Substantial changes have occurred in the past decade, both in the organization of health care and in the public health conditions addressed in this collection, and many readers will find chapters whose references end in the late 1980s insufficient. However, despite the somewhat dated nature of some of the material included, underlying problems of poverty, social isolation, and complex comorbidities persist in the delivery of indigent health care. Therefore, this collection will be of some value, particularly for students in social work and health services, in demonstrating the contexts within which health care is delivered to vulnerable populations and in illustrating the complexity these contexts present in the delivery of services.

(Richard K. Scotch, School of Social Sciences, The University of Texas at Dallas)

Hall, Stuart, and du Gay, Paul, eds. *Questions of Cultural Identity*. Thousand Oaks, CA: Sage Publications, 1996, 198 pages, $22.95 softcover.

The discussions presented in *Questions of Cultural Identity* regarding the role and function that "distinctive identities of gender, sexuality, ethnicity, race, class and nationality" (back cover) have played in the social and cultural world of modern societies hint at important considerations for the examination of the development of one's identity as a disabled person and the emergence of disability community and culture. Unfortunately, this application of post-modern theory and the principles of deconstruction may actually confuse the issues and lead us in faulty directions.

In Chapter 1, Hall presents an inviting image of the discussions that one hopes will follow: "In common sense language, identification is constructed on the back of a recognition of some common origin or shared characteristics with another person or group, or with an ideal, and with the natural closure of solidarity and allegiance established by this foundation" (p. 2, emphasis added). The fulfillment of the promise of a common sense language is not realized. What follows in the remaining nine chapters is a use of language that leads to confusion rather than clarification. What is presented is a series of essays that suggest connections between questions of culture and questions of identity, yet they leave the reader with questions of both translation and applicability.

Assuming we can wade through the overly complicated use of language (though I do not believe that any reasonable discussion should require such effort), *Questions of Cultural Identity* presents disabled people and the disability community with little assistance as we work through these issues. In a discussion of the citizen, difference, and the "modern man" [sic](p. 182), Donald declares, in Chapter 10, that

"this legal status as citizen does not feel as though it has anything much to do with my sense of self. It tells me what I am, not who I am" (p. 172). This leads to a separation of the individual from community. While we would be naive to assert that how we define ourselves is not influenced by individual experiences, there are experiences that do shape us as a community. As students, researchers, and community members, we must strive to engage in a dialogue that is inclusive rather than exclusive, and which both acknowledges our experiences as individuals and celebrates our connections as a community, *Questions of Cultural Identity* may not be helpful in this process.

(Stephen French Gilson, School of Social Work, Virginia Commonwealth University)

Hansson, Robert O., and Carpenter, Bruce N. *Relationships in Old Age: Coping with the Challenge of Transition*. New York, NY: The Guilford Press, 1994, 180 pages, $25.00 hardcover.

Relationships in Old Age: Coping with the Challenge of Transition offers valuable contributions to the understanding of social relationships within the context of life changes. The book is divided into two parts. The first four chapters discuss the role of relationships in general and relationships in the context of old age. Chapter Five is a transitional chapter which presents a model of the Interpersonal Contexts of Relationships in Old Age. The latter half of the book is devoted to the discussion of relational competency, in theory and practice. In the introductory chapters, the authors draw from multiple disciplines including gerontology, psychology, sociology, nursing, and social work; in the latter sections, the discussion of theory, methods, and interventions vis-a-vis relational competence are firmly grounded in the discipline of psychology. The book presents a model of relationship competence that argues that establishing and maintaining relationships are not natural and arbitrary, but are more a matter a acquiring particular skills and using them effectively. Although much of the emphasis in this book is devoted to the highly individualist aspects of human beings, it is presented with attention to the social contexts in which the relationships occur.

The book is intended for a wide range of audiences, particularly within the field of gerontology or studies of aging, but it can be helpful with disability studies in two specific ways. First, the authors discuss many issues associated with age-related disability in regard to maintaining relationships. This in itself is a major contribution, as much of the literature on aging focuses on the social structural issues of social support and family relationships, rather than on interpersonal relationships themselves and on how they can change due to aging and disability. In addition, the authors discuss specific situations such as housing, dependency (need for care), and legal issues as well as physical and mental health issues which affect intimate rela-

tionships. As both the general population and the disabled population age, there will be more concern with how transition or change affects relationships. This book provides insight into some of the processes of relationships during times of transition, and it provides suggestions for interventions to facilitate the development and maintenance of personal relationships.

While the book is directed at advanced undergraduates, graduate students, practitioners, and researchers, it is highly readable and contains a limited amount of jargon, making it accessible to an even wider population. I recommend this book for students as well as for individuals who would like to have a greater understanding of how competency in relationships can lead to better relationships and, therefore, a higher quality of life. It can be particularly relevant to disability studies in its emphasis on how transitions in life due to age, financial situations, physical or mental illness, or just changes in social networks can affect personal interactions, and how possessing certain skills can mediate the effects of the transitions.

(Mary Ellen Yates, Associate Research Scientist, New England Research Institutes, Watertown, MA)

Kvale, Steinar. *InterViews: An Introduction to Qualitative Research Interviewing*. Thousand Oaks, CA: Sage Publications, 1996, 326 pages, $19.95 softcover.

The main premise of *InterViews* is that "an interview is literally an inter view, an inter-change of views between two persons conversing about a theme of mutual interest" (p. 14), and, therefore, the knowledge produced is dependent upon the process of human interaction.

The concepts of subjectivity and interaction are key to understanding qualitative research, and they have inspired much theory and debate as scholars try to understand the role and impact of these concepts in research. Surprisingly, though, as Kvale guides the reader through the stages of qualitative research, he does not address many of these debates. For instance, Kvale states that, before interviewing, the researcher should complete a thorough literature review and research agenda, thereby grounding himself/herself in the topic and developing hypotheses or ideas to investigate. While this may be a solid position, he does not address the dangers of how this preparation may affect the interaction, potentially reinforcing power differentials between interviewer and interviewee and closing off chances for the interviewee to share new insights that are undiscovered or misinterpreted in past research (Glaser & Strauss, 1967; Strauss & Corbin, 1990).

In the study design stage, Kvale wisely directs attention to ethical considerations, such as obtaining informed consent and ensuring confidentiality, but he ignores ethical issues that arise from interaction, such as insider/outsider debates (Collins, 1986; Merton, 1972; Zavella, 1993). Rather than ad-

dress these debates, Kvale advocates for minimizing co-optation or over identification, leaving questions unanswered about the validity of "insider" research, while also failing to discuss the dangers of "outsiders" researching a population. Elaboration of the other stages suffer from the same lack of attention to debates on subjectivity.

The failure to adequately explore his main theme is troublesome for theoretical and practical reasons. Disability studies has largely concentrated on changing the ways in which persons with disabilities are studied and understood, overthrowing past research embedded with oppressive assumptions. This movement has been encouraged by insider research and the attachment of political aims to research. By ignoring the debates surrounding subjectivity and its impact on research, he ignores crucial questions for the methods of disability studies. As an able-bodied person researching disability, I struggle to understand my role and assumptions as an outsider (often in more ways than disability alone), to represent the thoughts of people with disabilities to a variety of audiences, and to ensure a positive impact from my work. Researchers with disabilities who study disability have to grapple with some similar and some different issues arising from their identity. This work unfortunately provides no guidance for these struggles that I believe to be at the heart at qualitative research.

(Allison Carey, Graduate Student, Sociology Department, University of Michigan, Ann Arbor)

References

Collins, P.H. (1986). Learning from the outsider within: The sociological significance of Black feminist thought. *Social Problems*, 33(6), 514-532.

Glaser, B., & Strauss, A. (1967). *The Discovery of Grounded Theory*. Chicago, IL: Aldine.

Merton, R.K. (1972). Insiders and outsiders: A chapter in the sociology of knowledge. *Varieties of Political Expressions in Sociology*. Chicago, IL: University of Chicago Press.

Strauss, A., & Corbin, J. (1990). *Basics of qualitative research*. Newbury Park, CA: Sage Publications.

Zavella, P. (1993). Feminist insider dilemmas: Constructing identity with "Chicana" informants. *Frontiers, a Journal of Women's Studies. 13*(3), 53-76.

Lucas, Ceil, ed. *Sociolinguistics in Deaf Communities*. Washington, DC: Gallaudet University Press, 1995, 341 pages, $39.95 hardcover.

This first volume in a new series, *Sociolinguistics in Deaf Communities*, explores the scope of research on language and community in the Deaf world. The book presents research on such diverse topics as sign and spoken language interaction, language policy and education, and linguistic variation within sign languages.

The range of topics is impressive, and the research on sign languages from outside the United States is a welcome addition to the literature.

The majority of chapters deal with the complexity of sign language studies. The authors do a good job of presenting literature reviews on sign languages and setting their work in the context of past research and current debates. Readers interested in broader issues of Deaf communities, education, and disability studies, however, may be put off by the linguistic jargon. The chapters are sometimes mired in terms such as "phonological" and "morphosyntactic," and, unfortunately, these terms are often undefined for the general reader. Unless the reader is familiar with a sign language, the diagrams and notations of signing can be difficult to follow. Readers with an interest in sign languages and a knowledge of linguistics will be rewarded by this new research and the questions it raises for further study.

The "Language Policy and Planning" section and the final chapter of the book have much to offer readers interested in the language, education, and politics of Deaf communities and, more broadly, in issues of normalization, pathologization, and social movements. These chapters critique current deaf education policies and the politics of language choice. The authors support the bilingual/bicultural approach to deaf education and present this perspective with specific evidence of the failures of current communication policies.

One problem with the book is that the research, in most cases, deals with extremely small samples. In one paper, one sign as used by five informants was analyzed. Other projects looked at one family unit or one teacher training program. This is the down-side of this "state of the art" approach. The studies are current and innovative, but they are not yet fully researched and developed. In general, the research in this book is presented well, but the technical nature of the linguistic material, the failure to define terms for the general reader, and the specialized sign language notations can make for tedious reading for people with interests outside of linguistics and sign languages. This collection, however, does provide timely debates on language choice and educational policy as well as insight into the politics of Deaf communities and social movements more generally.

(Amy Terstriep, University of Kansas, Lawrence, KS).

Reason, Peter, ed. *Participation in Human Inquiry*. Thousand Oaks, CA: Sage Publications, 1994, 220 pages, $24.95 softcover.

This is not an easy book to read, nor is it an easy book to summarize and review. The editor and contributing author, Peter Reason, is Director of the Center for Action Research in Professional Practice at the School of Management, University of Bath. He edited or co-edited two earlier works on similar topics: *Human Inquiry: A Sourcebook of New Paradigm Research* (Reason and Rowe, 1981) and

Human Inquiry in Action: Developments in New Paradigm Research (Reason, 1988). All three of these works detail the approach known as collaborative research, research with people rather than research on people. The theory, method, and writing style are postmodern and are summarized by Reason as follows: "The perspective I am developing here is more congruent with 'constructive' postmodernism which is equally critical of the modernity [sic] with its loss of participation. The deconstructive position in the end is nihilistic because it argues that there is no ground on which we can stand to construct a world-view; in contrast the constructive perspective urges us to continually inquire into what that ground might be" (p. 36). In other words, it is possible to conduct research, but impossible to determine if one has definitively found "the truth" because there are many truths, and they are continually changing and evolving.

Reason is highly critical of the scientific method and the underlying characteristics of Western thought and world-view, which he describes as positivist, dualistic, objective, and reductionist. He prefers a method which is grounded in "participation and communion rather than separation and competition" (p. 3). The first section of this book consists of four chapters written by Reason in which he uses selected historical and ethnographic material to outline the progression of the world's cultures through three phases. Some of this material reminded me of nineteenth-century unilinear evolutionary theory, in which early European social scientists constructed models of cultural evolution. For example, Reason suggests that the earliest cultures were "organic" and fit a category called "original participation cultures." These cultures were based on foraging or horticulture and were matricentric, or even matriarchal. At this stage, culture (people) and nature were one. The second stage of cultural development is exemplified by Western societies in which there is a separate sense of self and community. The third and final stage is more potential than real, and would be one in which "human beings participate intentionally and awarely [sic] in their creation of their world" (p. 17). Some of this material is of questionable accuracy (there is no archaeological evidence for the existence of early matriarchies), and his linear theory of cultural development appears to be guilty of the positivism he criticizes. In summary, Part I contains his view of world history, criticisms of Western (the label is not defined) society and thought, a description of an ideal third type of culture, and the ways in which participative inquiry would exemplify the best characteristics of this ideal culture.

Part II demonstrates theory in action through descriptions of six research projects in which collaborative research techniques were used. The authors are an eclectic group, the majority of whom work in social service agencies in England. However, there is one contributor from Australia and one from Canada. The authors have a wide range of academic and professional qualifications and life experiences. This variety is one of the book's strengths. Although none of the chapters

describes research with people who have disabilities, certainly some of the material is potentially relevant to such research. For example, one of the authors notes that a goal of the project was "to produce useful knowledge and to empower people" (p. 48). All of the authors stress their belief that honest communication, respect for everyone involved, and openness about the methods and goals of the research are important. Also valuable are the descriptions of techniques that increased research participants' involvement in the projects and, ultimately, their benefits. The last chapter of the book is a summation by the editor.

A determined reader can find some thought-provoking and potentially useful insights and suggestions in this book. It would be possible to use material from any or all of the research descriptions in Part II without reading or agreeing with everything in Part I. Even if a researcher continued to use methods criticized by Reason, a consideration of his criticisms could lead to an awareness of the more common pitfalls in conventional research methods. In this sense, the book can benefit readers who work in academic, applied, or research settings.

(Christine Loveland, Sociology-Anthropology Department, Shippensburg University, Shippensburg, PA)

Schalock, Robert L., ed. *Quality of Life: Volume I: Conceptualization and Measurement.* Washington, DC: American Association on Mental Retardation, 1996, 139 pages, $35.00 softcover.

What began as a revision of the book *Quality of Life*, published by the American Association on Mental Retardation in 1990 (Schalock), has grown and evolved into a two-volume set. *Quality of Life: Volume I: Conceptualization and Measurement* is an ambitious and successful attempt to help provide policy makers and service providers with up-to-date information on the concept of quality of life. The editor (Schalock) has managed to successfully amass a wealth of information from self advocates, family members, and professionals in the field, as well as to address cross cultural perspectives.

The book has twelve chapters (only three are unchanged from the original 1990 book). The first five chapters address the conceptualization of quality of life, and the next six concentrate on its measurement. In the conclusion, Chapter 12 attempts to synthesize the preceding chapters. Quality of life is identified as an organizing concept rather than an entity that one has or does not have on some continuum, and a multimethodological approach to measurement is advocated including participant observations, performance-based assessment, and standardized instruments.

The book further emphasizes its task by identifying quality of life as a "concept used as a process and overriding principle to improve lives of people with mental retardation and closely related disabilities and to evaluate social validity of

current (re)habilitative efforts" (p. vii). This said, the authors face their task with logic and emotion, serious responsibility, and healthy questioning of the efficacy of using such a potentially powerful concept ethically. Questions that must be addressed, and knowledge that should be thoughtfully disseminated - this book is a treasure for anyone interested in conceptualizing, measuring, or better understanding quality of life.

(Moira W. Hutchins-Fuhr, Adjunct Professor in Psychology, St. Michaels College, Vermont)

Film Clips

Gould, Ron, and Furman, Richard (Producers). *A Passion for Justice* [Videotape]. Boston, MA: Fanlight Productions (47 Halifax Street, Boston, MA 02130), 1994, 29 minutes, $195.00 purchase, $50/day or $100/week rental.

A Passion for Justice is a too-short film for two equally important reasons, namely, Bob Perske's contribution to developmentally disabled persons in Connecticut, and the legal and societal problems that people with developmental disabilities face.

This twenty-nine minute film focuses on the contributions which Bob Perske has made. Perske is a pro bono advocate for disabled people in Connecticut. He passionately believes that "developmentally disabled are assets to our society." He aided in closing the Mansfield Training School, which severely abused the very students for whom the school was built. Many scenes of the film show vivid pictures of the abuse that took place at Mansfield. In 1993, Mansfield Training School was closed for a variety of reasons including issues about state funding and the definitive factor: the widespread abuse of people with developmental disabilities.

This video can best be compared to a puzzle with several missing or disjointed pieces. Scenes go back and forth among Mansfield, Perske's personal life, societal problems of developmentally disabled people, and cases in which disabled persons have been accused of heinous crimes.

One of these cases is that of Richard LaPointe, who has Dandy Walker's Syndrome. LaPointe was convicted of murdering an 83-year old woman; presently, he is apparently awaiting an appeal. The film ends abruptly with a written statement indicating that he is appealing. Perske worked diligently to see that justice is served for LaPointe. The case of LaPointe is a poor example in this film, which attempts to paint Perske as a hero for Connecticut's disabled community. The film should have more explicitly stated what are believed to be the biases against developmentally disabled persons throughout the justice system.

The film has no descriptive video or captioning; therefore, it would be impossible for persons who are visually or hearing impaired to fully comprehend

why Perske and many others were so outraged at the events taking place at Mansfield and in court. This film is not worth its hefty purchase price of $195.

(Tara Pickstock; and Charles Goldman, Esq., Attorney and Trainer, Washington, DC)

Gould, Ron, and Furman, Richard (Producers). *A Passion for Justice* [Videotape]. Boston, Ma: Fanlight Productions (47 Halifax Street, Boston, MA 02130), 1994, 29 minutes, $195.00 purchase, $50/day or $100/week rental.

This documentary film is based on a series of interviews and events surrounding the life and work of Bob Perske, an author and social activist, and an advocate for people with disabilities. It opens with this quotation: "Every good advocate is driven by a sense of outrage, a sense of outrage at the way society has treated people with disabilities, and, thanks to him [Bob Perske], the lawsuit got off on the right foot, and eventually we won." Perske sees value in diversity, value which strengthens and enriches our culture and society in general; people with disabilities are "people with diversity." This sums up Perske's conviction that all people have value.

The film has several narrators who are not named, but are identified as either men or women. Although these narrators are given credits at the end of the film, their namelessness throughout the first half of the film lends credence to the belief that people with disabilities, including those with mental retardation, are nameless entities without identity, vestiges of specters best kept out of sight - a belief which is embodied in the French proverb: "Out of sight, out of mind."

Graphic images, photographs of residents at the Mansfield Training School which were taken by the U.S. Department of Justice during their investigation of this facility between 1978 and 1980, are shown during this narrative as the film begins. The Mansfield Training School was an institution run by the Department of Retardation in the State of Connecticut. This institution was a place for castaways, the unwanted, the different, "the halt and the maimed" - people who were physically, mentally, and socially unacceptable by society's standards. However, it was not a refuge. A lawsuit charging the institution with gross discrimination against people with retardation and with civil rights violations was filed. This lawsuit was victorious and led to the eventual closing of the Mansfield facility in 1993. These photographs are vivid representations of pain and despair, akin to the graphic pictures of the Romanian children that we saw a few years ago. These pictures leave an indelible mark on the viewer's psyche.

The second part of the film focuses on Bob Perske's work as an advocate for people with disabilities, especially mentally retarded persons, since the closing of Mansfield. George Ducharme, Ph.D., a Disabilities Specialist, states, "We need to learn how to interact with people throughout the justice system so that, in fact,

justice really is done." With the closing of these institutions, people with disabilities were incorporated into the community with no idea of how to deal with the justice system. However, this transition was accomplished with little to no adequate support services. So, when a person with a disability gets into trouble with the justice system, often there is no support in the community to assist him or her. Victim advocacy is sorely needed, as well as additional education for people within the justice system, including police, lawyers, and judges.

The second half of the film deals specifically with the problems encountered by disabled people in conflict with the justice system. In this part of the documentary, Perske notes a particular case in which a disabled person had been charged with a capital crime on the basis of what appeared, to Perske, to be a false and contrived confession. The case of Richard LaPointe brings to Perske's mind another case - the case of Peter Reilly. This case involved a mentally retarded man who was tried and convicted of a capital crime on the basis of a coerced confession and, at best, circumstantial evidence. Admittedly, the police officers in the Reilly affair were "good and honest policemen" who noticed that the crimes - rapes and strangulations - were continuing. They continued their investigation, and they eventually found the correct perpetrator. Peter Reilly was freed five years to the day after his initial arrest.

Perske believed that similar happenings occurred in the Richard LaPointe case. LaPointe suffered from Dandy Walker Syndrome. His operation left him with moderate mental retardation. His "mind set" was such that he would want to please and to assist police officers in their work, even to the point of wrongly convicting himself. This is a common characteristic of many mentally disadvantaged people. It is clear from the transcripts that LaPointe was intimidated and mentally coerced into signing a confession. His lawyer, being his sole advocate, was unable to win acquittal, and LaPointe was convicted and sentenced to life in prison, barely escaping the death penalty.

It was then that Perske became involved in the case. He rallied many people to the cause. A "Friends of Richard LaPointe Committee" was formed. The membership of this committee criss-crossed the levels of American society. Common people espoused the cause - lawyers, public advocates, disabled persons, housewives, and business people - even the celebrated playwright, Arthur Miller, joined the fray. As in *The Crucible* (written by Miller), with the Salem witch hunt, this was a case of justice running amok. At last, people were recognizing the need for public advocacy for disabled individuals. There was even a call for video recording of disabled suspects, as happens in Alaska. Richard LaPointe is still incarcerated, but his appeal is on-going.

This film is highly recommended to everyone who has an interest in public advocacy for disadvantaged persons. It is also suitable as a training film for people

who work in the justice system. Police academies could include this film in the training of new officers and make it a refresher course in the training of older, experienced officers, especially today, when community housing is replacing the arcane institutions of yesteryear. Also, it should be included in the curriculum of all persons who work with individuals who are now institutionalized or who have been institutionalized in the past. The length of the film, 29 minutes, is perfect for viewing within a group and for open discussion thereafter.

(Mirela Liana Sasuclark and Roann J.H. Enright, Students, Masters in Occupational Therapy Program, Lewiston-Auburn College of the University of Southern Maine)

Hicks, Scott (Director). *Shine*. South Australian Film Corporation and Film Victoria (Available from New Line Home Video), 1996, 105 minutes.

A feature film with a main character with major mental illness, and there are no murders, stalkings, or other evil deeds. Finally, a film that does not fall into the "black hole" of mental illness stereotypes. There are also no syrupy "overcoming the disability" scenes or sentimental drivel about being an "inspiration."

Shine tells the true story of David Helfgott, a brilliant Australian pianist who had a mental breakdown early in life. But the real story is about acceptance. And, in this story of living with a disability, it is not the person with a disability who has to change; it is society's view of him.

Helfgott grew up in poverty in the 1950s, the son of Jewish survivors of World War II. His father, played by Armin Mueller-Stahl, tries to deal with his own demons by making his son, David, into a great pianist. David has the talent, but his father is overly controlling and becomes enraged when music teachers and patrons of the gifted young man begin to have influence in David's life. David is accepted to a premier U.S. music school, but his father refuses to let him leave the family fold. However, David begins his rebellion and gains acceptance to the Royal Academy of Music in London. His father disowns him for leaving.

It is unclear how these childhood traumas play into his later breakdown, and it does not really matter. David's brilliance and obsession with music never waver, even after his breakdown in college. Though his brain and personality seem to function so much differently after the breakdown, the wonderful essence of who he is never wavers. Noah Taylor turns in a brilliant performance as the teen-age David and portrays him in the breakdown scene not as a "freak," but as someone who has gone on to another form of consciousness, not better or worse, just different.

Geoffrey Rush carries on this wonderful theme of portrayal as the adult David. David is sent back to Australia and languishes in a mental hospital for a number years. There, they believe music has caused his breakdown, so he is not

allowed to play. The scenes at the hospital make a stinging attack on the myths of mental illness treatment and the misplaced beliefs of many medical professionals who try to force people with mental illness to conform to some mainstream version of "normalcy."

The film's structure also gives insight into non-linear thinking as the film shifts the viewer backward and forward through different points of David's life that all begin to merge coherently.

A former fan of David's finally springs him from the hospital, and he begins to make everyone he meets rethink his/her views on what is "normal." David finds friendship, love, and music again. The nicest theme of the movie is that someone does not have to "get better" to get on with life. As long as the people around David accept him, he functions just fine.

"In America, people are obsessed with therapy and cure and medication. *Shine* isn't about getting better, it's about acceptance," the Director of *Shine*, Scott Hicks, told *Independence* magazine in 1996.

Hicks got to know the real David Helfgott about ten years ago, after he saw an Adelaide newspaper story about an "eccentric" pianist returning to the stage. Hicks and Helfgott became friends, and the two worked on the first draft of the script together.

Helfgott's touch on the film truly can be felt. The reality of the disability experience permeates the film, but there is no dull, documentary feel because the performances of all the actors are so riveting. Although it does not feature actors with disabilities, the film still should not be overlooked because it makes important contributions toward positive film portrayals of disability.

The film received good response at the Sundance Film Festival in Utah and is being distributed to art film oriented theaters in the United States. It is not a big name Hollywood film, but it is hoped that it will receive wider distribution as word spreads about its excellence. Be forewarned, though, that some reviewers continue to see it as an "overcoming adversity" film. But I believe people who understand disability culture will enjoy the movie most of all. It says what they have known all along - problems come from society, not from people with disabilities.

(Beth Haller, Towson State University, Towson, Maryland)

Levine, Suzanne, and Chadwick, Patricia, producers. *Disabled Women: Visions and Voices From the Fourth World U.N. Conference on Women.* San Francisco, CA: Wide Vision Productions (P.O. Box 22115, San Francisco, CA 94122-0115; phone: 415/387-0617; FAX: 415/387-0583; email: WideVision@waonline.com); 1996, 12 minutes, open captioned, $45.00-$75.00 (sliding scale) organizational purchase, $18.00-$30.00 (sliding scale) individual purchase, plus shipping.

The topic of this excellent video can be described briefly: 200 women from 25 countries went to Beijing in September 1995 for a Disabled Women's Conference (DWC) that was held the day before the beginning of the Fourth World Conference on Women. There were numerous access problems; the women organized a protest, achieved some changes, and, ultimately, had an impact on the Platform for Action produced by the U.N. Conference. But this description does not do justice either to the work accomplished at the DWC or to the video about it. This video does not make you feel as though you had been there, but it does make you wish that you had. The excitement generated by the solidarity of women in general, and of women with disabilities in particular, is so well conveyed by the video that it is almost palpable.

The video uses still photos and video (by Suzanne Levine with some contributions from others), but it does not feel either static or slow. In fact, the pace of the beginning is quite fast. I would recommend that viewers read the accompanying brochure prior to watching the video. Besides, you may be distracted, as I was, by trying to pick out people you recognize. The narration (by Patricia Chadwick) and the audios of speakers at the conference are compelling, and they are aptly accompanied by visual images. The "story" of the conference is a compelling one, with its goal of having an impact on the 25,000 women without disabilities who attended the U.N. Conference and, ultimately, on the Platform for Action that the Conference produced.

One measure of the group's success was that Madeleine Albright (then U.S. Ambassador to the U.N.) elected to deliver her televised speech from the disability tent. This was the very tent that had been placed originally in a far location across difficult terrain, but had been moved closer after protests by the attendees. The story of how the women managed to print up flyers and organize themselves in the first protest staged "outside the designated demonstration area" is not portrayed, but merely hinted at. The solidarity of women with disabilities is clearly conveyed, though both commonalities and diversity are described: a Native American talks about how The Americans with Disabilities Act does not apply to reservations; a Nicaraguan women tells of organizing thirteen women with disabilities despite opposition, and of the group's swelling of ranks to fifty women; a Japanese woman with cerebral palsy describes her own change of heart and budding awareness about the Japanese Eugenics Law. The details change; the overall struggle remains: "A disability can be endured, but the lack of human rights, the deprivation of equal opportunities, and the institutional discrimination cannot be endured, and should not be tolerated."

This video could easily have held my attention for longer and, indeed,

left me with many questions. I wanted to know more about some of the things referenced on the tape (e.g., the Eugenics Law), but, most importantly, about the wording changes made to the Platform for Action designed to address the concerns of women with disabilities. I wanted to learn how the women from various countries found the finances and the courage to attend. I wanted to see more of the small details that face women with disabilities in China (though the shots of muddy terrain, broken rocks and tiles, and rampless steps did much to convey the general degree of inaccessibility at the conference site).

The target audience for this video is not clear. Certainly, as a woman with a disability, I felt it was one of the few videos that spoke to me, and made me feel a part of the global community of women with disabilities. It is harder for me to imagine how students would react to the video, though I intend to find out. The ultimately positive message - that women with disabilities will not be "sidelined or marginalized" - is one I want more people to see and hear.

(Rhoda Olkin, Associate Professor, California School of Professional Psychology)

Levine, Suzanne, and Chadwick, Patricia, producers. *Disabled Women: Visions and Voices from the Fourth World U.N. Conference on Women.* San Francisco, CA: Wide Vision Productions (P.O. Box 22115, San Francisco, CA 94122-0115; phone: 415/387-0617; FAX: 415/387-0583; email: WideVision@waonline.com), 1996, 12 minutes, open-captioned, $45.00-$75.00 (sliding scale) organizational purchase, $18.00-$30.00 (sliding scale) individual purchase, plus shipping.

This twelve-minute documentary presents a photo and audio kaleidoscope of women with disabilities who attended the UN World Conference of Women in Bejing, China, in 1995. The voices and portraits of these women demand access and equal rights at the first international symposium on Issues with Disabilities ever held at the Women's International Conference. Although brief, the film depicts the culmination of national efforts of women with disabilities to have their issues brought to an international forum. Because of the efforts of the women portrayed in this film clip, issues related to violence against women with disabilities, selective eugenic practices, access, and equal rights are now internationally visible. Additionally, issues of concern to women with disabilities are included in the U.N. Women's Conference platform. Using photo and audio clips, the producers of this documentary have captured the strength and force of these women.

(Lynn Gitlow, Assistant Professor of Occupational Therapy, Lewiston-Auburn College, Lewiston, Maine)